Learning Site Supervisor Evaluation of Student

Complete and Return, in person or via fax (818-677-5935), to the CIELO office (SH 443)
No Later than Tuesday, December 10, 2013 – KEEP A COPY FOR YOUR RECORDS

This student performance evaluation to be completed by the learning site supervisor

Student's Name: _____ Date: _____

Learning Site: _____ Learning Site Supervisor: _____

Evaluation Period: _____ # of Hours Completed: _____

Course Number & Name: _____ Professor's Name: _____

A. Please rate the student's performance in the following areas (Please circle one):

	Very Poor	Poor	Acceptable	Good	Excellent	N/A
1. Fulfillment of learning plan objectives	1	2	3	4	5	N/A
2. Sensitivity toward people with whom he/she worked with	1	2	3	4	5	N/A
3. Responsibility for regular attendance and punctuality	1	2	3	4	5	N/A
4. Quality of performance of service activities	1	2	3	4	5	N/A
5. Commitment to completing tasks	1	2	3	4	5	N/A
6. Adaptability to changes (i.e. scheduling, needs)	1	2	3	4	5	N/A
7. Respect for confidentiality	1	2	3	4	5	N/A
8. Awareness of role in the community	1	2	3	4	5	N/A
9. Enthusiasm for service activities	1	2	3	4	5	N/A
10. Benefit of service provided	1	2	3	4	5	N/A

B. Please comment on the student's strengths any areas for improvement, and any less than acceptable ratings (i.e. rating of 1 or 2). Also, is there anything this service learning student did that was particularly creative or noteworthy? Feel free to continue comments on other side of form.

Please complete and return a copy to the course instructor. This evaluation will be considered in assessing the student's performance in his/her service-learning course. If you have any questions, contact the office of Community Engagement at (818) 677-7395. Thank You!

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Signature of Learning Site Supervisor Date